

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	6		5-21-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	Original
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2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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